



Attorney Docket No. 89212.0016
Application Serial No. 10/809,965

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

application of:

Dave S. B. HOON and Bret TABACK

Serial No.: 10/809,965

Confirmation No.: 7891

Filed: March 25, 2004

For: DNA MARKERS FOR MANAGEMENT OF
CANCER

Art Unit: 1637

Examiner: Suryaprabha Chunduru

I hereby certify that this correspondence
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Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

November 26, 2007

Date of Deposit

Vivian M. Gutierrez

Name

Signature 11/26/2007

Signature Date

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed herewith is an Amendment for the above-identified application. Also enclosed
are the following documents:

- ☒ Petition for Extension of Time for a three-month extension;
- ☒ Verified Statement Under 37 C.F.R. §1.821(f);
- ☒ Sequence Listing;
- ☒ A Computer Readable Diskette of Sequence Listing; and
- ☒ To-Be-Returned Postcard.
- ☒ Small entity status has been claimed. See 37 CFR § 1.27.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	21	-	31 **		LG=\$50 SM=\$25	\$	\$
INDEPENDENT CLAIMS FEE	11	-	14 ***		LG=\$210 SM=\$105	\$	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$370 SMALL ENTITY FEE = \$185		\$
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS		\$	
TOTAL							\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.


- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ Please charge Deposit Account No. 50-1314 in the amount of \$___ to cover the extension fee. **A copy of this sheet is enclosed.**

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
Dated: November 26, 2007

By: _____


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